

Name: _____
LAST FIRST MIDDLE

Position of Interest: _____

EMPLOYMENT APPLICATION



Inspired by the Patients We Serve

*Deliver Applications To:
Human Resources
1717 Biddle
St. Louis, MO 63106*

Affinia Healthcare is an Equal Opportunity Employer. The organization has a policy of non-discrimination based on race, color, sex (including pregnancy) sexual orientation, age (40 or older), national origin, disability, marital or veteran status, religion, genetic information and any status protected by law. Affinia Healthcare is committed to a Drug-Free and Smoke-Free workplace.

Please complete all questions accurately and fully.

TODAY'S DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE: _____ OTHER TELEPHONE: _____

E-MAIL ADDRESS: _____ EMPLOYMENT DESIRED: FULL-TIME PART-TIME

POSITION(S) DESIRED: 1) _____
2) _____
3) _____

SALARY REQUIREMENTS: 1) _____ 2) _____ 3) _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? YES NO Note: If you are hired, you will be required to show documents verifying your employment eligibility and identity to complete the DHS Form I-9 as required by the Immigration Reform and Control Act.

HAVE YOU EVER BEEN EMPLOYED BY AFFINIA HEALTHCARE (FORMERLY GRACE HILL HEALTH CENTERS) YES NO

REFERRAL SOURCE: NEWSPAPER DIVISION OF EMPLOYMENT SECURITY INTERNET EMPLOYEE REFERRAL OTHER

IF REFERRED BY A CURRENT AFFINIA HEALTHCARE EMPLOYEE, PLEASE LIST THE EMPLOYEE'S NAME AND DEPARTMENT:

EMPLOYMENT HISTORY

Please list information for your last three (3) employers. Please start with the most recent employer.

1) NAME OF EMPLOYER: _____
ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE
TELEPHONE W/ AREA CODE: _____
DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____
CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY
JOB TITLE: _____
KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

2) NAME OF EMPLOYER: _____
ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE
TELEPHONE W/ AREA CODE: _____
DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____
CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY

JOB TITLE: _____

KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

3) NAME OF EMPLOYER: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE W/ AREA CODE: _____

DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____

CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY

JOB TITLE: _____

KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

EDUCATION

Name & Location of School(s)

HIGH SCHOOL

_____ DID YOU GRADUATE? YES NO

COLLEGE

_____ DID YOU GRADUATE? YES NO

_____ SUBJECT STUDIED: _____

_____ DEGREE RECEIVED: _____

GRADUATE SCHOOL

_____ DID YOU GRADUATE? YES NO

_____ SUBJECT STUDIED: _____

_____ DEGREE RECEIVED: _____

Please list other languages you are fluent in, or certificates, training and skills you possess that you would like to be considered:

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

ARE YOU CURRENTLY UNDER INDICTMENT OR HAVE YOU EVER RECEIVED A SUSPENDED IMPOSITION OF SENTENCE? YES NO

IF YES TO EITHER OR BOTH QUESTIONS, PLEASE STATE THE DATE, CONVICTION AND SENTENCE. PLEASE INDICATE THE SPECIFICS:



Inspired by the Patients We Serve

REFERENCES

NAME	BUSINESS	PHONE NUMBER	EMAIL ADDRESS
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

To the best of my knowledge, the information contained in this application is complete and accurate. I understand the providing false information is grounds for not hiring me or for my discharge, if I have already been hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand and acknowledge that submission of this signed application authorizes Affinia Healthcare to process through and receive information relating to any arrest or criminal history information of record.

I understand that by submitting this application, Affinia Healthcare does not guarantee that I will be employed. Nothing contained in this application or in any pre-employment communication is intended to or creates a contract between myself and Affinia Healthcare for either employment or the providing of any benefit. I further understand that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of Affinia Healthcare or myself. I have read and understand the above provisions.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ **Date:** _____

PERSONAL INFORMATION RELEASE

I understand that if offered a position with Affinia Healthcare, I may be required to submit to a pre-employment drug screening that includes nicotine screening and background verification as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Affinia Healthcare and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Name: _____

Signature: _____ **Date:** _____

AFFINIA HEALTHCARE – APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex (including pregnancy), sexual orientation, national origin, age (40 or older), marital or veteran status, genetic information or disability.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Employment Application.

If a contingent job offer is made to you, and you accept, you will be asked to provide verbally your full social security number and your full date of birth. This information will allow Affinia Healthcare to complete background verification with the appropriate organizations and authorities. If this verification is completed successfully and you begin work at Affinia Healthcare, you will be asked to provide that same full social security number and date of birth on authorized documents on your first day of employment.

PLEASE PRINT

Date: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary, confidential, and the status of your application will not be affected by not filling out the form.

1. Check One: Male ↑ Female ↑
2. Check if any of the following are applicable: Vietnam Veteran ↑ Disabled Veteran ↑ Disabled Individual ↑
3. Race/Ethnic Group:
 - ↑ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - ↑ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - ↑ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
 - ↑ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, or other Pacific Islands.
 - ↑ **Asian (Not Hispanic or Latino)** – A person having origins in any of the people of the Far East, Southeast Asia, or the Indian Subcontinent.
 - ↑ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - ↑ **Two or More Races:** All persons who identify with more than one of the above five races.